									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective January 1, 2003									10,646676					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			5					RATI	E	FEE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		375.0	0	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•			X\$ 9=				OR	X\$18=	
INDEPENDENT CLAIMS			// minus 3 =		•			X42=			٦	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			٦	OR	+280=	
			less than zero, enter "O" in column 2					TOTA	F	<u>ک</u> ر	1	OR	TOTAL	750
1 26 % CLAIMS AS AMENDED - PART II									•				OTHER	THAN
\underline{l}	NO V	COMMINITY		umn 2) (Column 3)			SMALLE				OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATI	E	ADD TION/ FEE	W.		RATE	ADDI- TIONAL FEE
	Total	• 5	Minus	• 0	20	- /		X\$ 9	II		Π_{i}	OR	X\$18=	
	Independent	· 2	Minus	*** <	3	-/		X42:	-		٦,	OR	X84=	7
	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDEN	T CLAIM		j	+140		1	\exists	OR	+280=	7
	1115	•							TAL	+	_		TOTAL ADDIT, FEE	
ク	(Column 1) (Column 2) (Column 3)							ADDIT. F	-EE I				ADDIT. FEE	
	P. January .	CLAIMS REMAINING		HIG	HEST HEER PRESENT		ור			ADDI-				ADDI-
AMENDMENT B		AFTER AMENDMENT		PREV	FOR	EXTRA		RATE		TIONAL FEE			RATE	TIONAL FEE
	Total	. 5	Minus	** 6	20	-		X\$ 9				OR	X\$18=	
	Independent	. 2	Minus	••• (3	-		X42	-		7	OR	X84=	7
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM	<u>''</u>	j	+140)=	\Box		OR	+280=	7
									TAL	\Box	一,	QΑ	TOTAL	
ADDIT. FEE													ADDIT. FEE	
6			HIG	HEST (BER	EST				ADD	-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	OUSLY	PRESENT EXTRA		RATI	E	TION	AL.		RATE	TIONAL FEE
N N N	Total	•	Minus	es		=		X\$ 9	<u>.</u>		\Box	OR	X\$18=	
	Independent	•	Minus	220				X42	_		一	08	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIN		L				┑	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										<u></u>	_	OR	+280=	
-	if the "Highest Nu	imber Previously P imber Previously F	eld For IN THI	S SPACE	is less th	an 20, enter "20		ADDIT, F	TAL EE	<u> </u>		OR	ADDIT. FEE	
	The Tighest Nur	inder Previously Pa inber Previously Pa	id For (Total o	r indepen	deni) is th	e highest numb	er to	und in th	e ap	propriat	e box	tn ox	dumn 1.	